DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/09/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02		(X3) DATE SURVEY COMPLETED	
		155191	B. WING			R 08/04/2016	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER HEALTH CARE CENTER					STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE N CLARKSVILLE, IN 47129	1 00/	04/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		,	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	
{K 000}	O} INITIAL COMMENTS A Post Survey Revisit (PSR) to the PSR conducted on 07/27/16 was conducted by the		{K 0	000	}		
	Indiana State Departr accordance with 42 C	nent of Health in FR 483.70(a).					
	Facility Number: 000100 Provider Number: 155191 AIM Number: 100266130 At this PSR survey, Westminster Health Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility with a basement was determined to be of Type V (111) construction and fully sprinkled. There is no fire separation between the original building and the new Rehabilitation Gym because the original building and Rehabilitation Gym are of the same construction type. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 94 and had a census of 82 in the healthcare portion of the facility at the time of this visit.						
		ents have customary access I areas providing facility					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 000100

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		155191	B. WING			08/04/2016	
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
WESTMIN	STER HEALTH CARE CE	NTER			2210 GREENTREE N		
***************************************	OTENTIEREM OAKE OF			(CLARKSVILLE, IN 47129		
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{K 000}	Continued From page services were sprinkle		{K 0	00)			
{K 000}			{K 0	000}			
	A Post Survey Revisi conducted on 07/27/1 Indiana State Departr accordance with 42 C	6 was conducted by the nent of Health in					
		njunction with the PSR for eral Monitoring Survey 6.					
	Survey Date: 08/04/1	6					
	Facility Number: 000 Provider Number: 15 AIM Number: 100266	5191					
	Center was found in a Requirements for Par Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC 2009 Rehabilitation G	· · · · · · · · · · · · · · · · · · ·					
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER HEALTH CARE CENTER (X4) ID PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) [K 000] Continued From page 2 All areas where residents have customary access were sprinkled and all areas providing facility STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE N CLARKSVILLE, IN 47129 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) [K 000] Continued From page 2 All areas where residents have customary access were sprinkled and all areas providing facility	155191			B. WING _	B. WING				
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